

FIG. 1

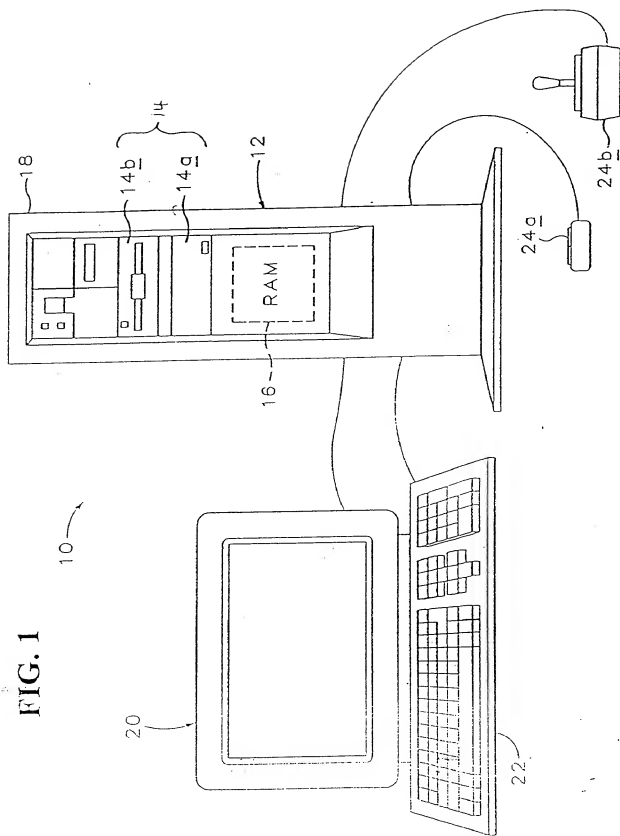


Fig. 2

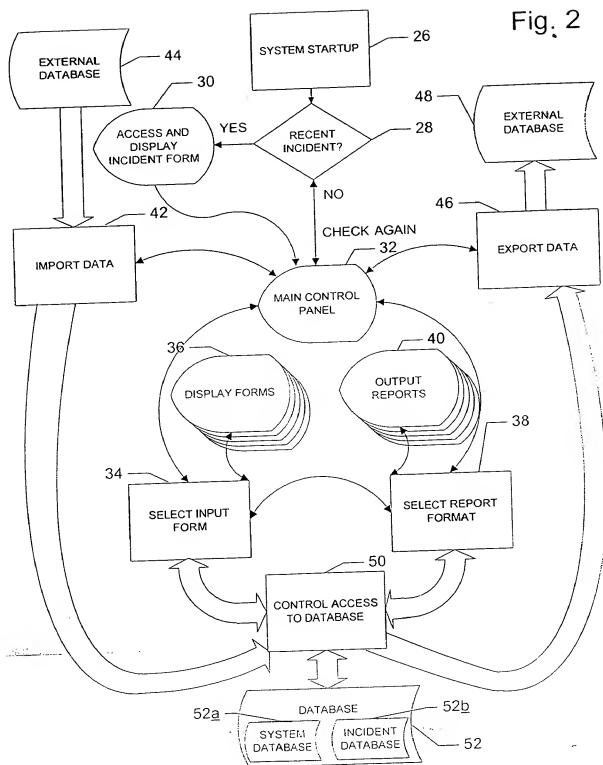


FIG. 3

Accident Report Recap:

WHAT

WHEN

HOW BAD ☐ Fatality?

Strains/Sprains

1/17/95

HOW LONG

1/17/95

Ankle(s)

☒ Left ☐ Right

1/20/95

Date Left

Date Returned

Company Accident Description:

Employee sprained ankle when struck by falling beam.

OSHA 200 Form Accident Description:

Accident Vitals

Injury Related

Illness Related

54

56

58

60

FIG. 4A

Bureau of Labor Statistics  
Log and Summary of Occupational  
Injuries and Illnesses

**NOTE:** This form is required by Public Law 91-596 and must be kept in the establishment for 5 years. Failure to maintain and post can result in the issuance of citations and assessments of penalties. (See posting requirements on the other side of form.)

**RECORDABLE CASES:** You are required to record information about every occupational death, every nonfatal occupational illness, and those nonfatal occupational injuries and illnesses which involve one or more of the following: loss of consciousness, restriction of work or motion, transfer to another job, or medical treatment (other than first aid). (See definitions on the other side of form.)

| Case or<br>File<br>Number   | Date of<br>Injury or<br>Onset of<br>Illness | Employee's Name   | Occupation   | Department   | Description of Injury or Illness  |
|---|---|---|--|--|---|
| (A)   | (B)   | (C)   | (D)  | (E)  | (F)   |
| Enter a nonduplicating number which will facilitate comparisons with supplementary records. | Enter<br>Mo./day.                           | Enter first name or initial, middle initial, last name. | Enter regular job title, not activity performed when injured or at onset of illness. In the absence of a formal title, enter a brief description of the employee's duties. | Enter department in which the employee is regularly employed or a description of normal workplace to which employee is assigned, even though temporarily working in another department at the time of the injury or illness. | Enter a brief description of the injury or illness and indicate the part or parts of body affected.<br><br>Typical entries for this column might be: Amputation of 4 <sup>th</sup> right hand forefinger; Strain of lower back; Contact dermatitis on both hands; Electrocution—body. |
|   |   |   |  |  | PREVIOUS PAGE TOTALS  |
|   |   |   |  |  |   |
|   |   |   |  |  |   |
|   |   |   |  |  |   |
|   |   |   |  |  |   |
|   |   |   |  |  |   |
|   |   |   |  |  |   |
|   |   |   |  |  | TOTALS (instructions on other side of form)   |

FIG. 4B

U.S. Department of Labor

OSHA Form 200

| U.S. Department of Labor                                       |  |  |  |  |  |  |  |  |  | Form Approved<br>OMB No. 1225-0046 |  |
|--|--|--|--|--|--|--|--|--|--|------------------------------------|--|
| OSHA Form 200  |  |  |  |  |  |  |  |  |  |                                    |  |
| For Calendar Year 19   |  |  |  |  |  |  |  |  |  | Page of                            |  |
| Employer's Use Only  |  |  |  |  |  |  |  |  |  |                                    |  |
| Part I - General Information                                   |  |  |  |  |  |  |  |  |  |                                    |  |
| 1. Name of Employer (Print Name)                               |  |  |  |  |  |  |  |  |  |                                    |  |
| 2. Address of Employer (Print Name)                            |  |  |  |  |  |  |  |  |  |                                    |  |
| 3. City or Town, State, and Zip Code of Employer               |  |  |  |  |  |  |  |  |  |                                    |  |
| 4. Name of Person to be Interviewed (Print Name)               |  |  |  |  |  |  |  |  |  |                                    |  |
| 5. Title of Person to be Interviewed (Print Title)             |  |  |  |  |  |  |  |  |  |                                    |  |
| 6. Date of Injury or Illness (Month, Day, Year)                |  |  |  |  |  |  |  |  |  |                                    |  |
| 7. Type of Injury or Illness (Check One)                       |  |  |  |  |  |  |  |  |  |                                    |  |
| 8. Description of Injury or Illness (Check One)                |  |  |  |  |  |  |  |  |  |                                    |  |
| 9. Date of Death (Month, Day, Year)                            |  |  |  |  |  |  |  |  |  |                                    |  |
| 10. Date of Last Day of Restricted Activity (Month, Day, Year) |  |  |  |  |  |  |  |  |  |                                    |  |
| 11. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 12. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 13. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 14. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 15. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 16. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 17. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 18. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 19. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 20. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 21. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 22. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 23. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 24. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 25. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 26. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 27. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 28. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 29. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 30. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 31. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 32. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 33. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 34. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 35. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 36. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 37. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 38. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 39. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 40. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 41. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 42. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 43. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 44. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 45. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 46. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 47. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 48. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 49. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 50. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 51. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 52. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 53. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 54. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 55. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 56. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 57. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 58. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 59. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 60. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 61. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 62. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 63. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 64. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 65. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 66. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 67. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 68. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 69. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 70. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 71. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 72. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 73. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 74. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 75. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 76. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 77. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 78. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 79. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 80. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 81. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 82. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 83. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 84. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 85. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 86. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 87. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 88. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 89. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 90. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 91. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 92. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 93. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 94. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 95. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 96. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 97. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 98. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 99. Date of Last Day of Work Activity (Month, Day, Year)       |  |  |  |  |  |  |  |  |  |                                    |  |
| 100. Date of Last Day of Work Activity (Month, Day, Year)      |  |  |  |  |  |  |  |  |  |                                    |  |

Continuation of Form OSHA Form 200

POST ONLY THIS PORTION OF THE LAST PAGE (NO LATE LUMINARIUM)

OSHA Form 200

# FIG. 5

Start Year:

End Year:

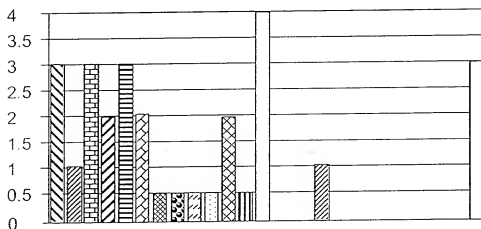
Co:

Locale:

Dept:

70

## Accident Analysis – By Nature of Injury



66

68

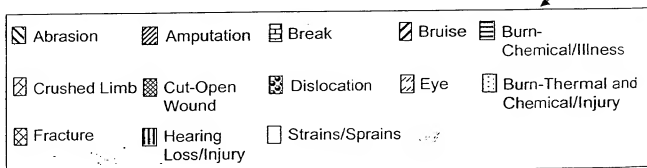


FIG. 6

Year:

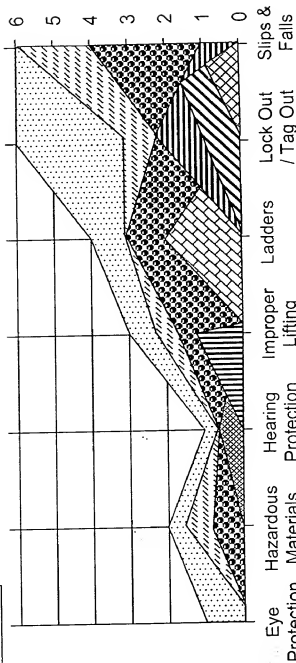
Co:

Locale:

Dept:

70

Accident Type



68

☒ January
 ☒ February
 ☒ March
 ☒ April
 ☒ May
 ☒ June

☒ July
 ☒ August
 ☒ September
 ☒ October
 ☒ November
 ☒ December

66

FIG. 7

|        |      |
|--------|------|
| Year:  | 1994 |
| Co:    |      |
| Locale |      |
| Dept:  |      |

70

Accident Analysis – By Day of the Week

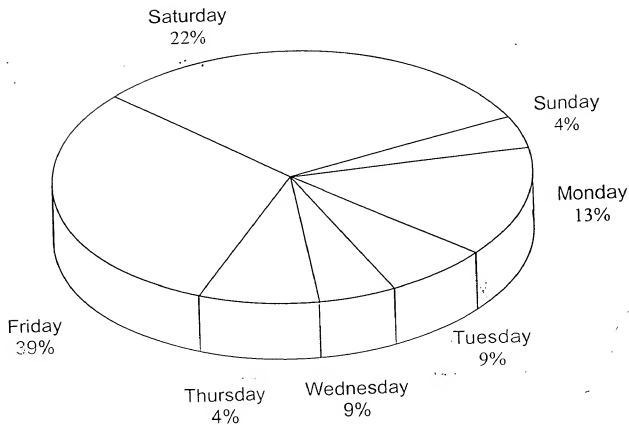






Fig. 9

# SAFESTAR – Master List All Participants (Alpha)

REPORT DATE: 11-JUL-95

Vital Statistics:

|              |                          |
|--------------|--------------------------|
| NAME:        | BOYNTON, SUSAN           |
| ADDRESS:     | 13201 NE 44TH STREET #14 |
| CITY/ST/ZIP: | VANCOUVER, WA 98682      |
| PHONE:       | 206-896-9726             |

Employment Information:

|             |                        |
|-------------|------------------------|
| SOC. SEC. # | 540962944              |
| D.O.B.:     | 8/3/64                 |
| HIRED/LOE:  | 5/12/76 - 19 YRS 2 MOS |
| DPT# NAME   | 3 - TRUCKING           |

Vital Statistics:

|              |                     |
|--------------|---------------------|
| NAME:        | CHAISE, CHEVY       |
| ADDRESS:     | 499 FOX BLVD.       |
| CITY/ST/ZIP: | HOLLYWOOD, CA 76004 |
| PHONE:       | 310-655-7324        |

Employment Information:

|             |                        |
|-------------|------------------------|
| SOC. SEC. # | 545069823              |
| D.O.B.:     | 5/17/47                |
| HIRED/LOE:  | 4/11/78 - 17 YRS 3 MOS |
| DPT# NAME   | 2 - OFFICE             |

Vital Statistics:

|              |                      |
|--------------|----------------------|
| NAME:        | GRANT, LOU           |
| ADDRESS:     | 497 WRITERS DR.      |
| CITY/ST/ZIP: | PERIODICAL, NE 97640 |
| PHONE:       | 402-555-2222         |

Employment Information:

|             |                       |
|-------------|-----------------------|
| SOC. SEC. # | 789879742             |
| D.O.B.:     | 12/2/40               |
| HIRED/LOE:  | 6/14/90 - 5 YRS 1 MOS |
| DPT# NAME   | 5 - RETAIL            |

Vital Statistics:

|              |                    |
|--------------|--------------------|
| NAME:        | JEFFERSON, GEORGE  |
| ADDRESS:     | 805 HIGH RISE BLVD |
| CITY/ST/ZIP: | NEW YORK, NY 80754 |
| PHONE:       | 201-555-6890       |

Employment Information:

|             |                       |
|-------------|-----------------------|
| SOC. SEC. # | 773901320             |
| D.O.B.:     | 8/13/58               |
| HIRED/LOE:  | 7/18/88 - 7 YRS 0 MOS |
| DPT# NAME   | 1 - MANUFACTURING     |

72

# Accident Report Synopsis – By Period

REPORT DATE: 11-JUL-95

Report Start 01-Jan-94

Report End

01-Jan-95

Fig. 10

Month January

Department 1 - Manufacturing

| INJURY DATE | LAST NAME | FIRST  | SSN       | NATURE OF INJURY   | ACCIDENT TYPE | LOE          | TIME IN DEPT |
|-------------|-----------|--------|-----------|--------------------|---------------|--------------|--------------|
| 1/14/94     | KEATON    | BUSTER | 813902231 | THERMAL & CHEMICAL | LOCK OUT / TA | 1 YRS-16 MOS |              |

|                         |  |
|-------------------------|--|
| ACCIDENT DESCRIPTION    | WHEN A DOOR TO THEM MAIN FURNACE WAS OPENED ACCIDENTALLY, EMPLOYEE'S RIGHT ARM WAS BURNED WHEN THE FURNACE LOCK-OUT / TAG-OUT SWITCH FAILED TO ENGAGE. |
| CORRECTIVE ACTION TAKEN | HAVE SHUT DOWN THE FURNACE AND ORDERED REPAIRS MADE. ALSO, HAVE ADVISED EMPLOYEE OF CORRECT PROCEDURE.   |

Month February

Department 1 - Manufacturing

| INJURY DATE | LAST NAME | FIRST  | SSN       | NATURE OF INJURY | ACCIDENT TYPE | LOE         | TIME IN DEPT |
|-------------|-----------|--------|-----------|------------------|---------------|-------------|--------------|
| 2/11/94     | JEFFERSON | GEORGE | 773901320 | RN-CHEMICAL/ILLN | HAZARDOUS M   | 6 YRS-4 MOS |              |

|                         |                                |
|-------------------------|--------------------------------|
| ACCIDENT DESCRIPTION    | EMPLOYEE BURNED ARM WITH ACID. |
| CORRECTIVE ACTION TAKEN |                                |

| INJURY DATE | LAST NAME | FIRST  | SSN       | NATURE OF INJURY    | ACCIDENT TYPE | LOE        | TIME IN DEPT |
|-------------|-----------|--------|-----------|---------------------|---------------|------------|--------------|
| 2/11/94     | KEATON    | BUSTER | 813902231 | HEARING LOSS/INJURY | HEARING PROT. | 2 YRS-1 MO |              |

|                         |  |
|-------------------------|--|
| ACCIDENT DESCRIPTION    | EMPLOYEE RECEIVED HEARING INJURY DUE TO FAILURE TO WEAR HEARING PROTECTION PROPERLY. |
| CORRECTIVE ACTION TAKEN | HAVE ADVISED CORRECT PROCEDURE.  |



Fig. 12

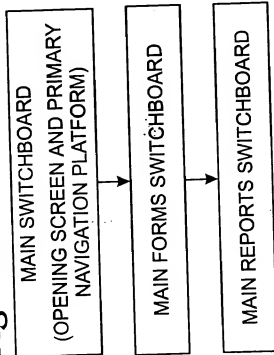


Fig. 15

ACCIDENT NOTICE

1 accident(s) Occurred Yesterday. Select from the list below to go directly to that accident(s).

Tarkannian Stuart - Fracture on 3/3/95

Go To  
Accident

Close

Fig. 13

LOOKUP:

⏪

⏩

⏴

⏵

⏶

⏷

EDIT

DELETE

ADD

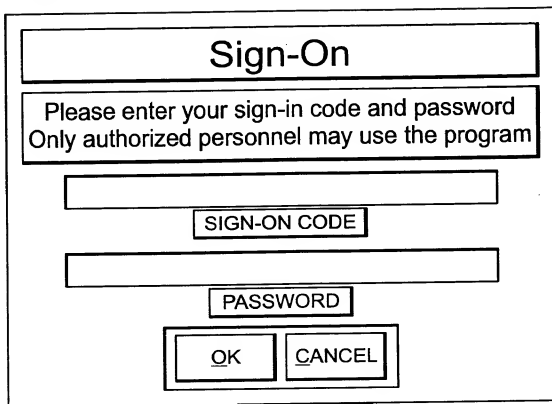
CLOSE

OVERRIDE

Fig. 14

|                                     |                                |  |                               |                              |  |
|-------------------------------------|--------------------------------|--|-------------------------------|------------------------------|--|
| <div>MAIN SWITCHBOARD</div>         |                                | <div>PERFORMANCE UPDATE</div>            |                               | <div>TIME 06:58 AM</div>     |  |
|                                     |                                | <div>TODAY'S DATE 3/3/95</div>           | <div># ENROLED 13</div>       | <div># ACCIDENTS 32</div>    | <div>ADMIN "\$" SAVED TO DATE \$800.00</div> |
| <div>FORMS SWITCHBOARD</div>        | <div>REPORTS SWITCHBOARD</div> | <div>ADD &amp; MODIFY PER-MISSIONS</div> |                               | <div>ON-LINE HELP</div>      |  |
|                                     |                                | <div>CHECK FOR ACCIDENTS</div>           | <div>DELETE SAMPLE DATA</div> | <div>UTILITY FUNCTIONS</div> |  |
| <div>IMPORT FILES</div>             |                                | <div>EXPORT FILES</div>                  |                               | <div>EXIT SAFESTAR</div>     |  |
| <div>VERIFY TABLE ATTACHMENTS</div> |                                |  |                               |                              |  |

Fig. 16



A rectangular dialog box titled "Sign-On". Below the title bar is a text area containing the instruction: "Please enter your sign-in code and password. Only authorized personnel may use the program". Below this text are two horizontal input fields. The first field is labeled "SIGN-ON CODE" and the second is labeled "PASSWORD". At the bottom of the dialog are two buttons: "OK" and "CANCEL".

Sign-On

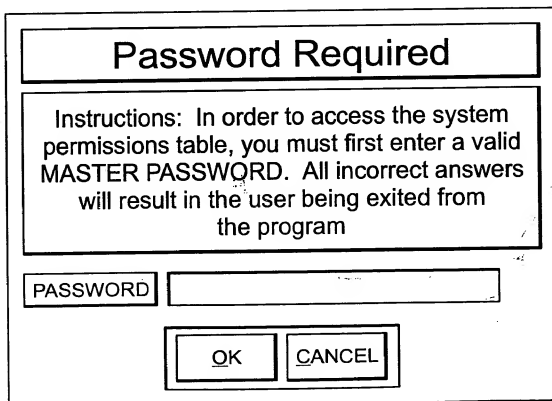
Please enter your sign-in code and password  
Only authorized personnel may use the program

SIGN-ON CODE

PASSWORD

OK CANCEL

Fig. 17



A rectangular dialog box titled "Password Required". Below the title bar is a text area containing the instruction: "Instructions: In order to access the system permissions table, you must first enter a valid MASTER PASSWORD. All incorrect answers will result in the user being exited from the program". Below this text is a horizontal input field. To the left of the input field is a label "PASSWORD". At the bottom of the dialog are two buttons: "OK" and "CANCEL".

Password Required

Instructions: In order to access the system  
permissions table, you must first enter a valid  
MASTER PASSWORD. All incorrect answers  
will result in the user being exited from  
the program

PASSWORD

OK CANCEL





Fig. 19

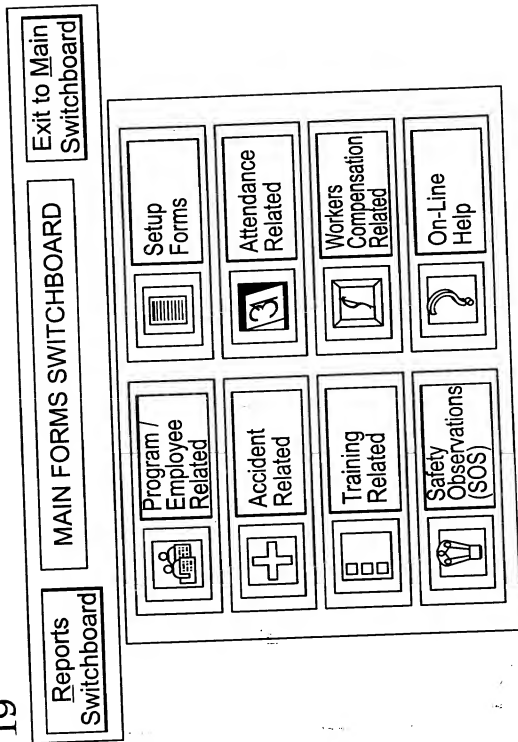


Fig. 20

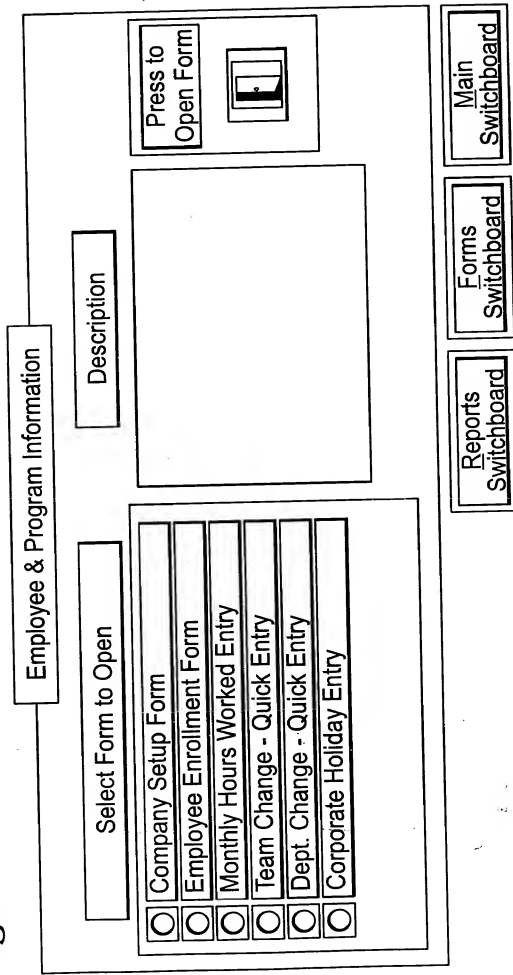


Fig. 21

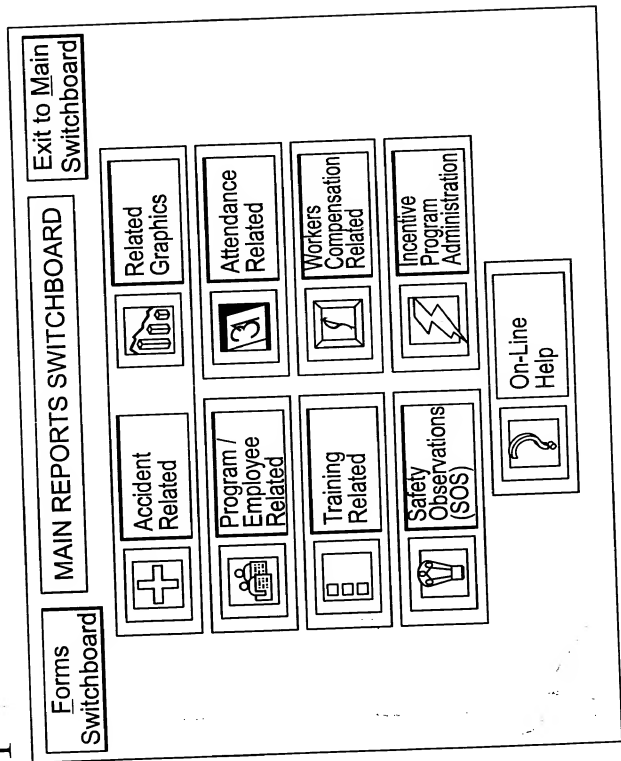


Fig. 22

Accident Related Information


Select Report to Open


|                       |                               |
|-----------------------|-------------------------------|
| <input type="radio"/> | Accident Report By Period     |
| <input type="radio"/> | Accident Analysis Defined     |
| <input type="radio"/> | Accident Report By Data       |
| <input type="radio"/> | Accident Synopsis By Period   |
| <input type="radio"/> | Corrective Actions Not Taken  |
| <input type="radio"/> | DMV Accident Report           |
| <input type="radio"/> | Master Accident Performance   |
| <input type="radio"/> | OSHA 200 Annual Log           |
| <input type="radio"/> | OSHA Year End Questionnaire   |
| <input type="radio"/> | State- First Report of Injury |
| <input type="radio"/> | Supervisor's Report of Injury |

Description

Accident Related Graphs

Option





Reports  
Switchboard

Forms  
Switchboard

Main  
Switchboard

Fig. 23

## Company Setup

Save

Close

Add

Open Dept. Setup Form

Configure Printer Now

Company Name

Address

Address

City

ST

ZIP

County

Telephone

FED ID #

Locator #

State of Op:



General Nature of Business:

Gen. Mgr. or Pres.

Industry:

SIC Code:

Of Record

Primary Hospital:

Page

Down

Workers

Comp.

Insurance Info.

Page

Bottom

State Workers

Comp. Division

Info.

Fig. 24

| Body Part - Entry Form  |      |
|---|------|
| <input type="button" value="EDIT"/> <input type="button" value="ADD"/> <input type="button" value="DELETE"/> <input type="button" value="CLOSE"/> |      |
| Body Part   | Code |
| ▶ Abdomen (Includes Internal Organs)  | 515  |
| Ankle(s)  | 520  |
| Arm(s)  | 507  |
| Back (lower, Mid, Upper)  | 513  |

Fig. 28

|            |           |
|------------|-----------|
|            | Counter   |
| LAST       | Text      |
| FIRST      | Text      |
| SSN        | Number    |
| Birthday   | Date/Time |
| LOE        | Text      |
| ADJ        | Date/Time |
| Address    | Text      |
| City       | Text      |
| State      | Text      |
| Zip        | Number    |
| PHONE      | Text      |
| DEPT       | Text      |
| Dept Name  | Text      |
| Company    | Text      |
| Locale     | Text      |
| HrlyRate   | Number    |
| Occupation | Text      |
|            | Text      |

Fig. 25

## Master Enrollment Form

LOOKUP:        ID:     *Required Only for  
Network Installations*Company Name:  Location: Last:  First:  Social Security #:  Date of Birth: Address:   City:  State:  Zip:  Phone Number:  4/11/78

Date of Hire:

 6yrs. 11mos.

Length of

Employment:

 \$10.00

Hourly Rate

SUPERVISOR

 OFFICEDebit Code:  Dept. Name:

Occupation:

*Complete if Safety Awareness  
Program will be used and based  
on "Team" Performance.* 5   FALCONSTeam Code:  Team Name:

Fig. 26

| ATTENTION! VERY IMPORTANT INFORMATION   |  |  |  |
|---|--|--|--|
| <p>You have selected the IMPORT function of the program.</p> <p>In the event that you continue without completing all of the required steps and are exited out of the program, be assured that your data will not be lost. However, you will need to restart the program.</p> <p><b>Note:</b> You should invoke this function only if you have all of the information required and are ready to import the selected ASCII or Excel Spreadsheet file into the program.</p> <p>In order for this process to be preformed successfully, the file you are preparing to import <b>MUST BE</b> in the EXACT column and date-type order as the Table you are importing into. If this is not done, unrepairable errors may occur and your imported data will not be complete, or may be imported into the incorrect fields of the Table [eg. Social Security # imported into the LAST name column.]</p> <p>If you are unsure or need additional information, select the requested Table name and press the PRINT TEMPLATE button, before continuing</p> |  |  |  |
| <p>Table Template Selection</p> <div style="border: 1px solid black; width: 100%; height: 20px; position: relative;"> <span style="position: absolute; right: 5px; top: 5px;">2</span> </div>   |  | <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> PRINT<br/>TEMPLATE </div> | <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> CANCEL </div> |
|   |  | <div style="border: 1px solid black; width: 100%; height: 30px; display: flex; align-items: center; justify-content: center;"> CONTINUE </div>           |  |



Fig. 27

### Important Setup Parameters

Select the Source Type of the Data Being Imported

☐ Text Delimited [ASCII]

☐ Excel Spreadsheet

☐ Lotus WKS file

☐ Lotus WK1 [Version2]

☐ Lotus WK3 [Versions 3 & 4]

Enter Full Path Name of Data to be Imported

Enter Name of Table to Import Data Into

Does the First Row Contain Field Names

☐ YES    ☐ NO

Replace All of the Existing Records?

☐ YES    ☐ NO

OK

CLOSE

Press CLOSE when the import function is completed. (The hour glass will disappear and the floppy drive light will go off.)

Fig. 29

Export Setup Parameters

Check Here to Confirm Export ☐

Enter Name of Table to Export

Enter Full Path Name of Data Destination  
(incl. drive specifications, directory name  
& file name eg. C:\excel\JanAcc.txt)

Fig. 32

Open Claim? ☐

Disabling Claim? ☐

Investigation Required? ☐

Fig. 33

is a "First Report of Injury" Required? ☒ Yes ☐ No

Fig. 30

| Accident Form   |  | Accident #: 82  |  |
|---|--|---|--|
| RECORD LOOKUP:  |  | <input type="button" value="EDIT"/> <input type="button" value="DELETE"/> <input type="button" value="NEW"/> <input type="button" value="CLOSE"/> <input type="button" value="OVERRIDE"/> |  |
| <div>Vital Information</div> <div>Emp. ID: 1234567 Soc. Sec. Number: 123-45-6789 Name Lookup: </div> <div> <div>Last: </div> <div>First: </div> <div>Birthdate: </div> <div>Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female</div> </div> <div> <div>Address: </div> <div>City: </div> <div>State: Zip: 999 Phone Number: </div> </div> <div> <div>2/14/77 17 YRS. 8 MOS. L.O.E: </div> <div>Company: </div> <div>Location: </div> </div> <div> <div>Adj. Hire Date: </div> <div>JANITOR 2</div> <div>Office: </div> </div> <div> <div>Worker Occupation Dept. #: </div> <div>Department Name: </div> <div>Time in Dept. </div> </div> <div> <div>6 Team Code: </div> <div>BlueJays</div> <div>Team Name: </div> </div> |  |   |  |
| <div>Page Down</div> <div>Accident Specifics</div>  |  | <div>Page Bottom</div> <div>OSHA Info.</div>  |  |

Fig. 31


|  |  |   |                 |
|--|--|---|-----------------|
| <b>Accident Specifics</b>  |  | Date of Injury: 2/11/95   | Time of Injury: |
| Hospitalized: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO  |  | Hospital:   | Physician:      |
| Body Part Afficted: <input checked="" type="checkbox"/> RIGHT<br><input type="checkbox"/> LEFT   |  | Body Part Previously Injured? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO           |                 |
| Wrist(S)   |  | If Yes, Explain:  |                 |
| Nature of Injury: FRACTURE   |  | Incident Type:  |                 |
| Contrib. Cause: HORSEPLAY  |  | Conditions: POOR LIGHTING   |                 |
| Company Accident Description   |  | Awareness Code: SLIPS & FALLS   |                 |
| Adv. Info.    |  |   |                 |
| Corrective Action Taken  |  | Is a "First Report of Injury" Required? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |                 |
| Date Completed:  |  | Page Down   |                 |
| Open Claim? <input type="checkbox"/><br>Disabling Claim? <input type="checkbox"/><br>Investigation Required? <input checked="" type="checkbox"/> |  | Vital Statistics  |                 |
| Page Up  |  | FROI & OSHA Info.   |                 |

Fig. 34

| Accident Report - Advanced Information   |   |  |
|--|---|--|
| Reference:   |   | Return   |
| <div>Primary Cause.</div> <div>HORSEPLAY</div> <div>Secondary Causes</div> <div>Caught in, Under, Between</div> <div>Summary:</div> <div>Confined Space<br/>Excessive Exposure</div> | <div>Primary Condition.</div> <div>POOR LIGHTING</div> <div>Secondary Conditions:</div> <div>EXCESSIVE EXPOSURE</div> <div>Summary:</div> | <div>Primary Witness.</div> <div>Supplemental Witnesses:</div> <div>Summary:</div> |



Fig. 36

|  |   |
|--|---|
| <b>First Report of Injury - State Exceptions</b>   |   |
| In addition to the information already provided, your state also requires the following: |   |
| <b>RETURN</b>  |   |
| OSHA CASE #:   | Employee Policy #:  |
| Case #:  | Was Salary Continued?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO              |
| Employee Class Code:   | Paid full wages for day of Injury?: <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| Value of other payments not recorded:  | If a fatality, what is the date of death?:  |
| Gross Wages/Salary:  |   |
| Employer Type:   |   |
| Hospital Address:  |   |
| Physician's Address:   |   |
| What was worker doing at the time of Injury?:  | What equipment /material was the employee using during time of Injury?:                                 |

Fig. 37

Is this accident recordable for addition to the OSHA 200 Log?

YES NO

Fig. 38

Accident Report Recap:

WHAT **Fracture** Wrist(s) ☐ LEFT ☒ RIGHT

WHEN **12/17/94** HOW LONG

HOW BAD ☐ FATALITY? Date Left: Date Returned:

Company Accident Description Enter a Unique Case Number:

Push to enter info in Correct Category

Injury Related Illness Related

OSHA 200 Form Accident Description

PAGE TOP Vital Statistics PAGE UP FROI & OSHA Info.



Fig. 39

| Injury Related           |  | Nonfatal Injuries                                     |                                      |   | Injures Without Lost Workdays   |                          |
|--------------------------|--|---|--------------------------------------|---|---|--------------------------|
| Fatalities               |  | Injures With Lost Work Days                           |                                      |   |   |                          |
| Injury Related           | Enter a CHECK if injury involves days away from work, or days of restricted work activity or both. | Enter a CHECK if injury involves days away from work. | Enter number of DAYS away from work. | Enter number of DAYS of restricted work activity. | Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. |                          |
| DATE of death.           |  |   |                                      |   |   |                          |
| Mo/day/yr                |  |   |                                      |   |   |                          |
| (1)                      | (2)  | (3)   | (4)                                  | (5)   | (6)   |                          |
| <input type="checkbox"/> | <input type="checkbox"/>   | <input type="checkbox"/>                              | <input type="checkbox"/>             | <input type="checkbox"/>                          | <input type="checkbox"/>  | <input type="checkbox"/> |

PAGE TOP

Vital Statistics

PAGE UP

OSHA 200 LOG Info.

Fig. 40

| (7) Type of Illness <i>Check only one column for each illness</i>            |   |  |   |   |
|--|---|--|---|---|
| Occupational Skin Diseases or Disorders <input type="checkbox"/> (a)         |   | Disorders Due to Physical Agents <input type="checkbox"/> (e)          |   |   |
| Dust Diseases of the Lungs <input type="checkbox"/> (b)                      |   | Disorders Associated with Repeated Trauma <input type="checkbox"/> (f) |   |   |
| Respiratory Conditions Due to Toxic Agents <input type="checkbox"/> (c)      |   | All Other Occupational Illnesses <input type="checkbox"/> (g)          |   |   |
| Poisoning (systemic effects of toxic materials) <input type="checkbox"/> (d) |   |  |   |   |
| Illness Related  |   | Illnesses Without Lost Workdays  |   |   |
| Nonfatal Illnesses   |   | Illness With Lost Work Days  |   |   |
| Fatalities   |   |  |   |   |
| Illness Related  | Enter a CHECK if illness involves days away from work, or days of restricted work activity or both. | Enter a CHECK if illness involves days away from work.                 | Enter number of DAYS of restricted work activity. | Enter a CHECK if no entry was made in columns 1 or 2 but the illness is recordable as defined above. (13) |
| Enter DATE of death.   | (9)   | (10)   | (11)  | (12)  |
| Mo/da/yr   |   |  |   |   |
| (8)  | <input type="checkbox"/>  | <input type="checkbox"/>   | <input type="checkbox"/>                          | <input type="checkbox"/>  |

Fig. 41

# Advanced Accident Investigation:

RECORD LOOKUP:



Accident ID

## Report Overview

Enter any investigation report #

Name:

SSN:

DOB:

10/17/94

Date:

Location:

Male ☐

Female ☐

Trucking

Dept. Name:

6 months

Time in Dept.

Company

999

Locale:

Description

Employee's right arm was amputated

Report Status

Initial Report

Investigation

Nature

Date

C.Action

BodyPart

Incid.Type

Cause

P.Action

Acknowl.

Completed

Incident Investigation

Training & Special Info.

Fig. 42

| Investigation Support  |   |  | COUNT                                  |                       |                                     |                                |          |                      |        |
|--|---|--|--|-----------------------|-------------------------------------|--------------------------------|----------|----------------------|--------|
| WHAT   | Break   | WHEN   | 4                                      |                       |                                     |                                |          |                      |        |
| WHERE  |   | CONDITION  | 0                                      |                       |                                     |                                |          |                      |        |
| WHAT KIND  |   | HOW BAD?   | 0                                      |                       |                                     |                                |          |                      |        |
| BODY PART  | Arm(s) <input type="checkbox"/> L <input checked="" type="checkbox"/> R | OSHA status  | 6                                      |                       |                                     |                                |          |                      |        |
| HOW LONG?  | <input type="text"/> -TO- <input type="text"/>                          |  |  |                       |                                     |                                |          |                      |        |
|  |   | 10/17/94   | 2                                      |                       |                                     |                                |          |                      |        |
|  |   | 8:00:00 a.m.   | 12                                     |                       |                                     |                                |          |                      |        |
|  |   | Confined Space   |  |                       |                                     |                                |          |                      |        |
|  |   | FATALITY: <input type="checkbox"/>                     | HOSPITALIZED: <input type="checkbox"/> |                       |                                     |                                |          |                      |        |
|  |   | FROI to be Filed?: <input checked="" type="checkbox"/> |  |                       |                                     |                                |          |                      |        |
|  |   | 200 Log Recordable? <input type="checkbox"/>           |  |                       |                                     |                                |          |                      |        |
| <table border="1"> <tr> <td>Accident Description:</td> <td>Employee's right arm was amputated.</td> </tr> <tr> <td>Corrective Action Description:</td> <td>Nothing.</td> </tr> <tr> <td>Probable Root Cause:</td> <td>Hazard</td> </tr> </table> |   |  |  | Accident Description: | Employee's right arm was amputated. | Corrective Action Description: | Nothing. | Probable Root Cause: | Hazard |
| Accident Description:  | Employee's right arm was amputated.                                     |  |  |                       |                                     |                                |          |                      |        |
| Corrective Action Description:   | Nothing.  |  |  |                       |                                     |                                |          |                      |        |
| Probable Root Cause:   | Hazard  |  |  |                       |                                     |                                |          |                      |        |
|  |   | Corrective Action Taken:                               | 10/18/94                               |                       |                                     |                                |          |                      |        |
|  |   | Report Overview  | Training & Special Info.               |                       |                                     |                                |          |                      |        |

Fig. 43

| Training History  |                  |                 |               | Investigation Notes:                          |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
|---|------------------|-----------------|---------------|---|--------|------------------------|--|----------------------|--|---------|--|-----------------|------------------|------------------------|---------------|-----------|----------|---------|-----------|----------|-----------|----------------|--------|--|--|-----------------|--|--|--|--|--|-----|--|--------|--|--|--|-------------|--|
| Class Name  |                  | Class Date:     |               | Employee determined to be incompetent.        |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Basic CPR   |                  | 1/16/95         |               |   |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Basic CPR   |                  | 5/17/94         |               |   |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Basic CPR   |                  | 6/14/94         |               | 10/12/94                                      |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| <table border="1"> <tr> <th colspan="4">Accident History</th> </tr> <tr> <th>Date</th> <th>Nature of Injury</th> <th>Body Part</th> <th>Incident Type</th> <th>Condition</th> <th>Cause</th> </tr> <tr> <td>12/2/94</td> <td>Bruise</td> <td>Ankle(s)</td> <td>Struck By</td> <td>Slippery Floor</td> <td>Hazard</td> </tr> </table>  |                  |                 |               |   |        |                        |  | Accident History     |  |         |  | Date            | Nature of Injury | Body Part              | Incident Type | Condition | Cause    | 12/2/94 | Bruise    | Ankle(s) | Struck By | Slippery Floor | Hazard |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Accident History  |                  |                 |               |   |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Date  | Nature of Injury | Body Part       | Incident Type | Condition                                     | Cause  |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| 12/2/94   | Bruise           | Ankle(s)        | Struck By     | Slippery Floor                                | Hazard |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Preventative Action Taken:  |                  |                 |               | Have changed policies re: accident procedures |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| Corrective Action Assigned to:  |                  |                 |               | Date Completed: 1/15/09                       |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
|   |                  |                 |               | Investigated By:                              |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| <table border="1"> <tr> <td colspan="2">Performance Analysis</td> <td colspan="2">100.00%</td> <td colspan="2">Report Overview</td> <td colspan="2">Advanced Investigation</td> </tr> <tr> <td>2</td> <td>Co. Avg.</td> <td>2</td> <td>Acc total</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2"></td> <td colspan="2">this Individual</td> <td colspan="2"></td> <td colspan="2"></td> </tr> <tr> <td colspan="2">#pp</td> <td colspan="2">Person</td> <td colspan="2"></td> <td colspan="2">Performance</td> </tr> </table> |                  |                 |               |   |        |                        |  | Performance Analysis |  | 100.00% |  | Report Overview |                  | Advanced Investigation |               | 2         | Co. Avg. | 2       | Acc total |          |           |                |        |  |  | this Individual |  |  |  |  |  | #pp |  | Person |  |  |  | Performance |  |
| Performance Analysis  |                  | 100.00%         |               | Report Overview                               |        | Advanced Investigation |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| 2   | Co. Avg.         | 2               | Acc total     |   |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
|   |                  | this Individual |               |   |        |                        |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |
| #pp   |                  | Person          |               |   |        | Performance            |  |                      |  |         |  |                 |                  |                        |               |           |          |         |           |          |           |                |        |  |  |                 |  |  |  |  |  |     |  |        |  |  |  |             |  |

Fig. 44

| Accident Related Information                |               |                                      |   |                                    |
|---|---------------|--------------------------------------|---|------------------------------------|
| Date of Corrective Action Entry Review Form |               |                                      |   |                                    |
| Lookup: <input type="text"/>                |               | <input type="button" value="F1"/>    | <input type="button" value="F2"/>                     | <input type="button" value="F3"/>  |
|   |               | <input type="button" value="EDIT"/>  | <input type="button" value="DELETE"/>                 | <input type="button" value="ADD"/> |
|   |               | <input type="button" value="CLOSE"/> |   |                                    |
| Date of Injury                              | Name          | Nature & Type of Injury              | Corrective Action Taken                               |                                    |
| 1/8/97                                      | Employee Name | Bruise                               |   |                                    |
|   |               | Lock Out / Tag Out                   |   |                                    |
| 6/11/92                                     | Employee Name | Asphyxiation                         |   |                                    |
|   |               | Respiratory Protection               |   |                                    |
| 4/11/93                                     | Employee Name | Eye                                  |   |                                    |
|   |               | Eye Protection                       |   |                                    |
| 1/14/94                                     | Employee Name | Thermal/Chemical Burn                | Have shut down the furnaces and ordered repairs made. |                                    |
|   |               | Lock Out / Tag Out                   |   |                                    |
| 2/11/94                                     | Employee Name | Burn - Chemical/Illness              |   |                                    |
|   |               | Hazardous Materials                  |   |                                    |

Fig. 45

TRAFFIC ACCIDENT AND INSURANCE REPORT

Lookup:         Accident #

**REPORT DIRECTORY**

Employee Lookup:

Employee Name and SS#

**Press to Select**

|            |            |                 |
|------------|------------|-----------------|
| VEHICLE #1 | Driver     | Vehicle Info    |
|            | Passengers | Insurance Info. |

|            |        |              |
|------------|--------|--------------|
| VEHICLE #2 | Driver | Vehicle Info |
|------------|--------|--------------|

If Accident involved someone outside of a motor vehicle, answer the following questions.

**INFORMATION OTHER:**

Involved Pedestrian ☐ Name:

Involved Bicyclist ☐ Address:

Fig. 49

1ST Quarter

|                                |                                |                                |
|--------------------------------|--------------------------------|--------------------------------|
| January                        | February                       | March                          |
| <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/> |

Fig. 46

## Department Status Change - Quick Entry Screen

Lookup:

| LAST  | FIRST | SSN       | DOB        | HIRE       | DEPT | Dept Name  |
|-------|-------|-----------|------------|------------|------|------------|
| SMITH | JOHN  | 123456789 | 15-08-1980 | 15-08-2020 | DEPT | Department |

[illegible]





Fig. 48

| Monthly Safety Admin. - Hours Worked Entry Form  |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
|--|--|----------------------|--|----------------------------------|----------------------------------|----------------------------------|----------------------------------|----------------------------------|--------------------------------------|
| Year Lookup:                                     |  | <input type="text"/> |  | <input type="button" value="↕"/> | <input type="button" value="⏮"/> | <input type="button" value="⏪"/> | <input type="button" value="⏩"/> | <input type="button" value="⏭"/> | <input type="button" value="CLOSE"/> |
| Company Name:                                    |  | <input type="text"/> |  | <input type="button" value="↕"/> | Plant Location#:                 |                                  | 999                              |                                  | <input type="button" value="↕"/>     |
|  |  |                      |  | Submitted To:                    |                                  | 1                                |                                  |                                  |                                      |
| THIS REPORT COVERS THE FISCAL YEAR LISTED BELOW: |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
| <input type="text" value="1993"/>                |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
| Authorization / Routing                          |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
|  |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
| Production Manager:                              |  |                      |  |                                  | General Manager:                 |                                  |                                  |                                  |                                      |
|  |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
| Select Quarter                                   |  |                      |  |                                  |                                  |                                  |                                  |                                  |                                      |
| 1st Quarter                                      |  |                      |  |                                  | 2nd Quarter                      |                                  |                                  |                                  |                                      |
|  |  |                      |  |                                  | 3rd Quarter                      |                                  |                                  |                                  |                                      |
|  |  |                      |  |                                  | 4th Quarter                      |                                  |                                  |                                  |                                      |

Fig. 50

| S.O.S. Report Form   |  |   |   |   |                                  |  |  |   |  |
|--|--|---|---|---|----------------------------------|--|--|---|--|
| Lookup:  |  | <input type="button" value="↶"/> <input type="button" value="↷"/> <input type="button" value="↶↷"/> <input type="button" value="↷↶"/> |   | <input type="button" value="EDIT"/> <input type="button" value="DELETE"/> <input type="button" value="ADD"/> <input type="button" value="CLOSE"/> <input type="button" value="OVERRIDE"/> |                                  |  |  |   |  |
| Report Basics:   |  |   | Report ID   |   | <input type="button" value="↶"/> |  |  |   |  |
| Reported By:   |  |   | <input type="checkbox"/> Company Employee <input type="checkbox"/> Non Employee |   |                                  |  |  |   |  |
| If reported by a company employee, use the "name lookup" box below, to select the person's name who is reporting   |  |   |   |   |                                  |  |  |   |  |
| Name Lookup: <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> <div> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> </div> |  |   |   |   |                                  |  |  |   |  |
| Mail Stop / Location   |  | Address   |   | City  |                                  | State                                    |  | Zip   |  |
| Phone  |  |   |   |   |                                  |  |  |   |  |
| Company  |  | Affected Persons (If different than above i.e. contractor, visitor, etc.):  |   | <input type="text"/>  |                                  | <input type="button" value="Page Down"/> |  | <input type="button" value="Incident Specifics"/> |  |

Fig. 51

|   |  |  |   |
|---|--|--|---|
| Incident Specifics  |  | Date Observed: <input type="text"/>                              | Time: <input type="text" value="10:00 A.M."/> |
| Incident Location: <input type="text"/>   |  | Incident Type: <input type="text" value="↓"/>                    |   |
| Incident Nature: <input type="text" value="Break"/>   |  | Conditions: <input type="text" value="Faulty Floor or Surface"/> |   |
| Incident Description  |  | Witness: <input type="text"/>                                    |   |
| <br>  |  |  |   |
| Corrective Action Taken <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No   |  | If Yes complete the following information                        |   |
| Description: <input type="text"/>   |  | <input type="text"/>   |   |
| Date Completed: <input type="text"/>  |  | <input type="text"/>   |   |
| Did you involve your supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No Their Name: <input type="text"/>              |  |  |   |
| Is further action needed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If Yes, suggestions: <input type="text"/> |  |  |   |
|   |  | Page Up  |   |
|   |  | Report Basics  |   |





Fig. 54

Class Lookup:

**CLOSE**

Re-Training Interval:

Four Months 

**SUBJECT:**

**CASS NAME:**

# Basic CPR Technique Training

Basic CPR

CDB 101

Date:

4/1/94

**Instructor:**

Location:

Test ID:

\_\_\_\_\_

Next Date:

//Draw Data:

## Create

**New**

Attendees:

Name | Lookup

**Last**

**Last**

Dept. Name

Company

Record: 1



Fig. 55

# Create or Modify a test

Locate a Specific Test  or

Test Name

Advanced CPR

Test Subject

Advanced CPR Training

Question:

When performing CPR, what is the correct ratio of "breaths" to "beats?"

Points Type

10

B

ANSWERS

☐ A. 5 breaths to 2 beats

☒ B. 2 breaths to 5 beats

☐ C. 4 breaths to 3 beats

Previous  
Question

Next  
Question



Fig. 56

| Score a Test |   | Test   | Go to Test Entry Screen              |
|--------------|---|--|--------------------------------------|
| Session ID   | <input type="text" value="CPR 101"/> <input type="button" value="↓"/> | <input type="text" value="Advanced CPR"/> <input type="button" value="↓"/> | <input type="button" value="Close"/> |
|              | <input type="text" value="Student"/> <input type="button" value="↓"/> | <input type="text" value=""/> <input type="button" value="↓"/>             |                                      |

| Number | Answer | Score | Question                          | Correct Responses               |
|--------|--------|-------|-----------------------------------|---------------------------------|
| 1      | 2      | 10    | When performing CPR, what is the  | (2 10) B, 2 breaths to 5 Beats  |
| 2      | 1      | 0     | Before performing CPR, you should | (2 10) FALSE                    |
| 3      | 1      | 10    | You should open a victim's mouth  | (1 10) TRUE                     |
| 4      | 1      | 10    | How long should you continue the  | (1 10) A - Until professional m |
| 0      | 1      |       |                                   |                                 |
|        |        |       |                                   |                                 |

|             |                 |
|-------------|-----------------|
| 4 Questions | 30 Points Total |
|-------------|-----------------|

Fig. 57

| Test Question Summary |  |   |                                      |
|-----------------------|--|---|--------------------------------------|
| Test                  |  | Advanced CPR                                    | Advanced CPR Training                |
|                       |  | <input type="button" value="Modify This Test"/> | <input type="button" value="Close"/> |

| # | Question   | Answer                        | Points |
|---|--|-------------------------------|--------|
| 1 | When performing CPR, what is the correct ratio of for "b | B. 2 breaths to 5 Beats       | 10     |
| 2 | Before performing CPR, you should move the person        | FALSE                         | 10     |
| 3 | You should open a victim's mouth and check for obstruct  | TRUE                          | 10     |
| 4 | How long should you continue the procedure once it i     | A. Until professional medical | 10     |



Fig. 59

| Worker's Compensation Analysis - Setup Form |             |
|---|-------------|
| CLOSE                                       |             |
| Name of Primary Product                     | Plastics    |
| Avg. Retail Cost per Unit                   | \$15,000.00 |
| Avg. % of Profit per Unit                   | 20.00%      |
| # Mfg. Days Req. per Unit                   | 1           |
| Record: 1                                   |             |

Fig. 60

## Advanced Tracking - Entry Screen

||| LOOKUP: Soc. Sec. Number: Name Lookup: 

Last

First

7/1/77

17yrs-3mos

5

Retail

Adj. Hire Date: L.O.E.: Dept. #: Dept. Name:

Date Absent: 

1/13/94

Date Returned: 

1/28/94

Absence Code: 

Unexcused

Corrective Action ☒ Required?

Associate placed on notice of suspension of privileges

Fig. 61

## OSHA 200 Information

Record Lookup:



DELETE

CLOSE

Vital Information

Enter a Case Number:

Name:

5/17/47

Date of Birth

12/2/94

Date of Injury:

6/18/81

Date of Hire:

13yrs - 6mos

L.O.E.:

Department:

5

Retail

Dept. Name:

Time in Dept:

Occupation: Supervisor

Accident Recap

Injury Related

Illness Related

Fig. 62

Accident Report Recap:

WHAT  Wrist(s) ☐ LEFT ☒ RIGHT

WHEN  HOW LONG

HOW BAD ☐ FATALITY? Date Left: Date Returned:

Company Accident Description

Enter a Unique Case Number:

Push to enter info in Correct Category

OSHA 200 Form Accident Description

Vital Statistics  FROI & OSHA Info.

Fig. 66

OSHA - First Report of Injury

Select Accident File

CONFIRMATION

Last Name  Date of Injury

OPTIONS

Fig. 63

| Injury Related       |                          | Nonfatal Injuries  |   |                                      | Injuries With Lost Work Days                      |   | Injuries Without Lost Workdays |
|----------------------|--------------------------|--|---|--------------------------------------|---|---|--------------------------------|
| Fatalities           |                          | Enter a CHECK if injury involves days away from work, or days of restricted work activity or both. | Enter a CHECK if injury involves days away from work. | Enter number of DAYS away from work. | Enter number of DAYS of restricted work activity. | Enter a CHECK if no entry was made in columns 1 or 2 but the injury is recordable as defined above. |                                |
| Injury Related       |                          |  |   |                                      |   |   |                                |
| Enter DATE of death. |                          |  |   |                                      |   |   |                                |
| Mo/da/yr             |                          |  |   |                                      |   |   |                                |
| (1)                  |                          | (2)  | (3)   | (4)                                  | (5)   | (6)   |                                |
| <input type="text"/> | <input type="checkbox"/> | <input type="checkbox"/>   | <input type="text"/>                                  | <input type="text"/>                 | <input type="text"/>                              | <input type="checkbox"/>  |                                |



Fig. 64

|   |  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
|---|--|--|--|---|-------|---|-----------|---|-----------|---|---|-------|--|-----|---------|---|------------------|---|------------|---|
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <h2 style="margin: 0;">Accident Report by Period</h2> </div>  |  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h3 style="text-align: center; margin: 0;">Related Categories</h3> <p style="margin: 5px 0;">Select report data criteria from any or all of the below listed categories</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; border: 1px solid black; padding: 2px;">Nature of Injury</td> <td style="width: 20%; border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Accident Type</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Cause</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Condition</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Body Part</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> </table> </div> | Nature of Injury   | ↓  | Accident Type  | ↓   | Cause | ↓ | Condition | ↓ | Body Part | ↓ | <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <h3 style="text-align: center; margin: 0;">Report Period</h3> <p style="margin: 5px 0;">Enter the report START and END dates</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; border: 1px solid black; padding: 2px; text-align: center;">START</td> <td style="width: 20%;"></td> <td style="width: 40%; border: 1px solid black; padding: 2px; text-align: center;">END</td> </tr> </table> </div> <p style="margin: 5px 0;">To further customize your report, one or all of the following may be selected</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border: 1px solid black; padding: 2px;">Company</td> <td style="width: 10%; border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Division / Plant</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;">Department</td> <td style="border: 1px solid black; text-align: center; padding: 2px;">↓</td> </tr> </table> | START |  | END | Company | ↓ | Division / Plant | ↓ | Department | ↓ |
| Nature of Injury  | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Accident Type   | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Cause   | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Condition   | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Body Part   | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| START   |  | END  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Company   | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Division / Plant  | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| Department  | ↓  |  |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;"> <h3 style="margin: 0;">OPTIONS</h3> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border: 1px solid black; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Print<br/>Preview </div> </td> <td style="width: 33%; border: 1px solid black; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Print </div> </td> <td style="width: 33%; border: 1px solid black; padding: 5px; text-align: center;"> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CANCEL </div> </td> </tr> </table> </div>  |  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Print<br/>Preview </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Print </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CANCEL </div> |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |
| <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Print<br/>Preview </div>  | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> Print </div> | <div style="border: 1px solid black; padding: 2px; display: inline-block;"> CANCEL </div>            |  |   |       |   |           |   |           |   |   |       |  |     |         |   |                  |   |            |   |

Fig. 65

| Accident Analysis - Parameter Defined  |  |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
|--|--|------------------|----------------------|---------------|----------------------|-------|----------------------|-----------|----------------------|-----------|----------------------|--|--|--|--|-------|-----|---------|--|------------------|--|------------|--|
| <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Related Categories</div> <p>Select report data criteria from any or all of the below listed categories</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Nature of Injury</td> <td style="width: 50%; padding: 5px;"><input type="text"/></td> </tr> <tr> <td style="padding: 5px;">Accident Type</td> <td style="padding: 5px;"><input type="text"/></td> </tr> <tr> <td style="padding: 5px;">Cause</td> <td style="padding: 5px;"><input type="text"/></td> </tr> <tr> <td style="padding: 5px;">Condition</td> <td style="padding: 5px;"><input type="text"/></td> </tr> <tr> <td style="padding: 5px;">Body Part</td> <td style="padding: 5px;"><input type="text"/></td> </tr> </table> |  | Nature of Injury | <input type="text"/> | Accident Type | <input type="text"/> | Cause | <input type="text"/> | Condition | <input type="text"/> | Body Part | <input type="text"/> | <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Report Period</div> <p>Enter the report START and END dates</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;"><input style="width: 90%;" type="text"/></td> <td style="width: 50%; padding: 5px;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="text-align: center; padding: 5px;">START</td> <td style="text-align: center; padding: 5px;">END</td> </tr> </table> <p>To further customize your report, one or all of the following may be selected</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Company</td> <td style="width: 50%; padding: 5px;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Division / Plant</td> <td style="padding: 5px;"><input style="width: 90%;" type="text"/></td> </tr> <tr> <td style="padding: 5px;">Department</td> <td style="padding: 5px;"><input style="width: 90%;" type="text"/></td> </tr> </table> |  | <input style="width: 90%;" type="text"/> | <input style="width: 90%;" type="text"/> | START | END | Company | <input style="width: 90%;" type="text"/> | Division / Plant | <input style="width: 90%;" type="text"/> | Department | <input style="width: 90%;" type="text"/> |
| Nature of Injury   | <input type="text"/>                     |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Accident Type  | <input type="text"/>                     |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Cause  | <input type="text"/>                     |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Condition  | <input type="text"/>                     |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Body Part  | <input type="text"/>                     |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| <input style="width: 90%;" type="text"/>   | <input style="width: 90%;" type="text"/> |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| START  | END                                      |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Company  | <input style="width: 90%;" type="text"/> |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Division / Plant   | <input style="width: 90%;" type="text"/> |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| Department   | <input style="width: 90%;" type="text"/> |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |
| <div style="border: 1px solid black; padding: 5px; display: inline-block;">OPTIONS</div> <div style="display: inline-block; vertical-align: top; margin-left: 20px;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Print Preview</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px; text-align: center;">Print</div> <div style="border: 1px solid black; padding: 2px; text-align: center;">CANCEL</div> </div>  |  |                  |                      |               |                      |       |                      |           |                      |           |                      |  |  |  |  |       |     |         |  |                  |  |            |  |

Enter Year To Be Processed

To further customize your OSHA 200 Log one or all of the following may be selected:

Company

Division / Plant

Department

Print Preview

Print

CANCEL

Fig. 68

OSHA Year End Questionnaire

Enter Year To Process

Enter Starting Month:

Enter Ending Month:

Starting Day:

Ending Day:

*Optional. If left blank, all days will be displayed*


OPTIONS

Print Preview    Print    CANCEL


Fig. 69


## Accident Related Graphs


Enter Year to Process  -to-

Press to Select Multi-Yr Comparisons 

Option:

 Preview

 Print

 Design

Description:

Select Graph to Open:

☐ Accident Reminders

☐ PCT. By Dept.

☐ Body Parts

☐ Costs / Hi-to-Lo

☐ Departments

☐ Freq. By Day of the Week

☐ Freq. By Time of the Day

☐ Injuries Avg. Cost

☐ Length of Emp.

☐ Monthly Totals

☐ Nature of Injury

To further customize your graphs, one or all of the following may be selected

|                  |                      |                      |
|------------------|----------------------|----------------------|
| Company          | <input type="text"/> | <input type="text"/> |
| Division / Plant | <input type="text"/> | <input type="text"/> |
| Department       | <input type="text"/> | <input type="text"/> |



Fig. 71

MASTER COST ANALYSIS

Related Categories

Select report data criteria from any or all of the below listed categories

|                  |                      |                                  |
|------------------|----------------------|----------------------------------|
| Nature of Injury | <input type="text"/> | <input type="button" value="↓"/> |
| Accident Type    | <input type="text"/> | <input type="button" value="↓"/> |
| Cause            | <input type="text"/> | <input type="button" value="↓"/> |
| Condition        | <input type="text"/> | <input type="button" value="↓"/> |
| Body Part        | <input type="text"/> | <input type="button" value="↓"/> |

Report Period

Enter the report START and END dates

|                      |                      |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| START                | END                  |

To further customize your report, one or all of the following may be selected

|                  |                      |                                  |
|------------------|----------------------|----------------------------------|
| Company          | <input type="text"/> | <input type="button" value="↓"/> |
| Division / Plant | <input type="text"/> | <input type="button" value="↓"/> |
| Department       | <input type="text"/> | <input type="button" value="↓"/> |

OPTIONS